PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Re	eduction Act of 199	5, no person are	required to			nark Office; U.S. Di ation unless it displa		
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/720,893-Conf. #5309		
FEE TRANSMITTAL				Filing Date		November 24, 2003		
For FY 2009			First Named Inventor		Sivaprasad Padisetty			
				Examiner Name		E. C. Wai		
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 2,430.00			Art Unit		2195			
TOTAL AMOUNT OF PAYI	Attorney Docket No. M1103.70583US00							
METHOD OF PAYME	NT (check all	that apply)						
Check X Credit	Card	Money Order	No	ne Other	(please identi	fy):		
Deposit Account D	eposit Account Num	ber: 23/	/2825	Deposit	Account Nam	e: Wolf, Gree	nfield & Sa	cks, P.C.
For the above-ide	entified deposit	account, the D	irector is	hereby authoriz	ed to: (che	ck all that apply	·)	
Charge fee	(s) indicated be	elow		Charg	e fee(s) in	dicated below,	except for th	ne filing fee
	additional fee(ments o	f x Credit	t any overp	ayments		
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FE	ES	***************************************				
	FILIN	IG FEES	SE	ARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		***************************************
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES	3							Small Entity
Fee Description							<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (incl	-	•					52	26
Each independent claim	•	ng Reissues)					220	110
Multiple dependent claims			D-i-l (#)		fultinla Danan	390	195	
Total Claims Extra Claims Fee (\$) - 20 or HP x =			F(Fee Paid (\$)		/lultiple Dependee (\$)	Fee Paid (\$	•
HP = highest number of total					<u> </u>	56 (\$)	i ee i ala jo	1
·	Extra Claims	Fee (\$)	F	ee Paid (\$)				_
- 3 or HP =	x	=						
HP = highest number of indep	endent claims paid	d for, if greater tha	n 3.					
3. APPLICATION SIZE F		1100 1 .	c		. 11 0			
If the specification and listings under 37 CF								1
sheets or fraction the						inity) for each		•
Total Sheets	Extra Sheets	Number	of each a	dditional 50 or fra	ction there	of Fee (\$)	Fee I	Paid (\$)
100 = _	 	/50 =		(round up to a wh	ole number)	х	=	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification	.1	e (no small en	tity disc	ount) tinued examina	tion (BCE	E) (222.27	01	0.00
Other (e.g., late filing				unueu examina unintentionally				20.00
SUBMITTED BY		#						
Signature		+\-		Registration No.	32,950	Telephone	617.646	. 8000
10/		+		(Attorney/Agent)	32,330	 		
Name (Print/Type) Edmun	d J. Walsh					Date	mer 24	2010
							9	
		Certificate of	Electron	ic_Filing Under 37	CFR 1.8	<u></u>		
I hereby certify that this par system in accordance with		y paper referred	to as bej	ig attached or enclo	osed) is bein	ng transmitted via	the Office elec	tronic filing
1 1 1 1 1 1 1	3(4)(4).		. \	1 Jolina	Van.	ulle De	no o.	
Dated: 1 CO (O		Sig	gnature: 🗜	June	nuu	nea (De	XINA KAI	nucei)